
	<p><i>This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.</i></p>		<h2 style="margin: 0;">STATE OF NEW JERSEY</h2> <h3 style="margin: 0;">APPLICATION FOR PERMIT TO CARRY A HANDGUN</h3> <p style="font-size: small;">Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.</p> <p style="font-size: small;">Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.</p>
<input checked="" type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEWAL</b>		Municipal Code _____	
<p><i>Each person applying for a Permit to Carry and Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter.</i></p> <p><b>List the reason for this application: Documented threats of violent acts against all FBI employees and family members.</b></p>			
(1) Last Name (If female, include maiden) First Middle <b>Piszczatoski, Daniel, J.</b>		(2) Resident Address (Number - Street - City - State - Zip) [REDACTED]	
(3) Date of Birth Month Day Year [REDACTED]	(4) Age (Place of Birth - City - State or Country) <b>57</b> [REDACTED]	(5) U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number [REDACTED]
(7) Sex Height Weight Eyes Race Hair Complexion <b>M 5'11" 200 Brn Cau Brn Lt</b>	(8) Distinguishing Physical Characteristics		
(9) Name of Employer <b>Federal Bureau of Investigation/DOJ</b>		(10) Employer's Address (Number - Street - City - State - Zip) [REDACTED]	
(11) Occupation <b>Program Coordinator Imaging Services Unit/ Special Operations Div</b>		(12) Home Telephone [REDACTED]	(13) Business Telephone [REDACTED]
(14) Driver's License Number & State [REDACTED]		(15) If you possess a N.J. Firearms Purchaser ID Card, list the number [REDACTED]	
(16) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where? _____ Why? _____	
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where? _____ Why? _____	
(21) Are you an Alcoholic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(22) Have you ever been confined or committed to a mental institution or hospital for treatment, or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(24) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(25) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICANT: DO NOT WRITE BELOW THIS SPACE</b>			
To the Judge of the Superior Court of _____ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: _____ (Attach investigation Report when submitting to Superior Court.)			
<b>APPROVED</b> <input type="checkbox"/>	This _____ Day of _____, 20____	<b>Reason for Disapproval</b> <input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input type="checkbox"/> G. LACK OF JUSTIFIABLE NEED <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<b>DISAPPROVED</b> <input type="checkbox"/>	Signature _____ Title _____ Department of Police _____	<b>GRANTED ON APPEAL</b> <input type="checkbox"/>	
The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes. <input type="checkbox"/> Deny		SBI Number: _____ Permit Number: _____ Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No	
This _____ Day of _____, 20____ Judge of the Superior Court _____ County _____ NJ		S.P. 642 (Rev 02/09) Page One of Two Pages	

**NOTICE:** If Internet form, print Page 1, return to printer and print Page 2 on reverse side.